

MARCH, 1950

Volume 1 Number 3

A.P.A. MENTAL HOSPITAL SERVICE

Bulletin

Published by

AMERICAN PSYCHIATRIC ASSOCIATION

1624 Eye Street, N.W., Washington 6, D.C.

Copyright 1950 American Psychiatric Association

PATIENTS

SOCIAL SECURITY BENEFITS

17-7

OVER 70 PATIENTS at Manteno (Ill.) State Hospital are receiving Old Age and Survivors Insurance payments. A survey undertaken by the hospital in cooperation with the local Social Security administration office uncovered the eligible patients of 65 years or older.

Applications were filed on behalf of the patients by relatives or the hospital. Social Security field offices contacted out-of-state relatives for necessary information.

To be eligible for benefits, a person must have worked on jobs covered by Social Security for roughly half the time between January 1, 1937, the effective date of the law, and his 65th birthday. Women patients may qualify on either their own or their husbands' work records.

Benefits may be lost through failure to apply promptly. Claims can be paid retroactively for a period of only three months from the date of application.

SILVERWARE SERVICE FOR DISTURBED PATIENTS

17-4

FOOD IS SERVED to disturbed patients in the same manner as to any other patients at North Little Rock V. A. Hospital, except that waiters are used instead of cafeteria service. Formerly, the disturbed patients had been allowed only dessert spoons even if steak or pork chops were on the menu. Now they are served in an attractive dining room with tablecloths, glasses, sugar, salt and pepper shakers, knife, fork, spoon, paper napkin, bread and butter plate, individual salad plate, bottle of milk, cup and saucer, and individual dessert dish.

The project has been in effect for over half a year. To date no physical injuries have resulted. Although there is a risk, it is believed not as serious as the psychic trauma which may occur to a large number of patients at each meal when it is necessary for them to try to feed themselves with only dessert spoons.

PATIENT PLACEMENT SERVICE

17-8

ST. PETER STATE HOSPITAL, Minnesota, has had a very effective patient placement service in operation for a number of years. The placement officer assists patients to secure jobs by day or month in the com-

PLEASE POST!

Every subscribing hospital is receiving an extra copy of this issue of the *Bulletin* for posting on hospital bulletin boards. We hope this will more readily call it to the attention of staff personnel.

The *Bulletin* is published for all hospital personnel, and all are invited to contribute to it. By the same token that news of a successful therapy program is welcome, so is news of a particularly good method for cleaning a floor.

The *Bulletin* is the keystone of the A.P.A. Mental Hospital Service. All subscribers receive one copy free as a part of the Service, but they may obtain as many extra copies regularly as they desire for staff distribution at \$1.00 per year per extra copy through 1950.

munity, supervises their relationships with employers, and acts as personal counselor. He is also active in promoting better acceptance of patients by the community.

The program is quite extensive, placing an average of 40 to 50 patients a month in an area within a radius of 50 miles. Patients may use the money they earn as they wish. The placement officer also assists patients in preparing income tax returns.

FARMS

NEW HAYLOADER DEVELOPED

18-1

A HAY-LOADING RIG for one man operation has been devised by Foster B. Cody, farm manager at Middletown (N.Y.) State Homeopathic Hospital.

It differs from the conventional rig in having two platforms, one over the other, on rollers. When one section is loaded with hay, it glides forward, leaving the other platform open for loading.

One man alone can handle the job instead of two since the hay needs to be pitched only half the length of the rack. Unloading at the barn or silo is also made easier and faster. The new equipment was designed and constructed at the hospital from the scrapped chassis of an auto truck and other salvage material.

THERAPY

PREPARING PATIENTS FOR DISCHARGE

15-4

SINCE 1947 a weekly class in group therapy for patients about to be discharged has been held with favorable results at Central Islip (N.Y.) State Hospital. There a special effort is made to diminish the patient's apprehension and to fortify his ego regarding his future position in society.

The need for convalescent clinical supervision and the continued interest of the hospital in a patient's subsequent vocational and family adjustment is stressed.

Although the material is usually considered in the province of the service physician, the hospital discovered it was often inadvertently omitted. To insure complete and systematic coverage of the subjects plus any other topics raised by the patients themselves, the group therapist was assigned to the task.

ETHER THERAPY

15-2

PRELIMINARY EXPERIMENTS with intravenous ether injections show results comparable to electroshock therapy, according to reports of a study conducted at Manhattan State Hospital by the New York State Psychiatric Institute.

Present indications show ether therapy to be most helpful in the treatment of "affective psychoses," according to Dr. Nolan D. C. Lewis, director of the Psychiatric Institute. Out of 40 depressive patients treated, 21 have recovered sufficiently to be placed on convalescent care, 10 remained in the hospital but showed considerable improvement, and 9 were unchanged.

The following advantages of ether therapy over shock therapy have been noted: (1) ether therapy may be applied to patients with physical conditions which prevent the use of electric shock treatment; (2) since there are no convulsive seizures, no danger of fractures or dislocations exists; (3) there is no evidence of anxiety; (4) the patient has a sense of well being and is in good contact with the physician at all times; (5) there are no unpleasant after effects, no confusion, and no disturbances of memory.

Each treatment lasts from 2½ to 3 hours and is administered daily for 10 to 27 days, depending on the needs of the patient.

While occasional variations in blood pressure and respiration were noted, no ill effects were observed either during or after injections. After each treatment most of the depressed patients were relaxed and felt slightly elated.

Ether, administered by inhalation, has been used previously in psychiatric treatment as a temporary expedient to release emotional tension. Ether therapy, however, has not been tried before, according to Dr. Frederick MacCurdy, N. Y. State Commissioner of Mental Hygiene. Drs. Armando Ferraro, Leon Roizin, and Pasquale Carone of the Psychiatric Institute along with Dr. Nobe E. Stein of Manhattan State Hospital conducted the experiments.

PUBLIC RELATIONS

PSYCHIATRIC SEMINAR FOR CLERGY

4-8

A SEMINAR TO EXPLAIN PSYCHIATRY to the clergy was held at Meadowbrook (County) Hospital, Hempstead, N. Y., by the Nassau County Committee for Mental Hygiene and the Nassau County Neuropsychiatric Society in the belief that religion and psychiatry complement each other and more can be accomplished by working together than alone.

The Meadowbrook staff took an active part in the seminar. Where practical, patients were brought before classes to demonstrate topics under discussion. The six lectures included: (1) Sex Education for Children and the Problems of Adolescence, (2) The Recognition and Treatment of Psychoneurotic and Psychosomatic Illnesses, (3) How to Recognize a Psychosis, including When Senility Becomes a Mental Illness, (4) Causes and Treatment of Alcoholism, (5) Premarital Counselling: Marital Adjustment and Deviations, (6) Counselling in Grief and Depression.

Approximately 50 Catholic, Protestant and Jewish clergymen enrolled in the course.

MENTAL HOSPITAL TV SHOW 4-3

TELEVISION VIEWERS in the Chicago area saw the contrast between mental hospital methods at the turn of the century and today on a half-hour program last fall called "The Old Look in Mental Care." The show was one of the Illinois State Medical Society's "Health" series.

The Utica "crib" (a wooden cage in which patients were confined), a strait-jacket, a leather muff, leather mittens and other restraint equipment long since banned in Illinois state institutions were borrowed from state hospital collections for the occasion. Dr. George A. Wiltrakis, deputy director of the State Department of Public Welfare, and Dr. Richard J. Graff, Peoria State Hospital superintendent, supplied the narrative while studio actors played the roles of patients.

ADMINISTRATION

DOCTORS IN PRIVATE PRACTICE RELIEVE STAFF SHORTAGE 1-5

TWIN PINES SANITARIUM, a small, private mental hospital in Belmont, Calif., is attempting to solve its staff shortage through providing treatment for patients by non-staff psychiatrists in private practice in nearby areas. The hospital is trying to work out its administration much as a gen-

THE QUESTION BOX

"The Question Box" will appear regularly in future *Bulletins* as a device to help subscribers obtain information not yet generally available. All subscribers are welcome to make use of it.

M.H.S. has received the following inquiries lately. Any subscriber having information bearing on these questions is asked to send it in. It will be passed on to the inquirer and made generally available to other subscribers.

1. Connecticut is planning a 100-bed Child Study Home for the long and short term treatment of emotionally disturbed children, to operate independently of any existing institution. Does any other State have a comparable set up?

2. It is reported that one State admits seniles to institutions only after a family conference with a social worker, an investigation of the family situation, and provision is made for the return of the patient to his home after hospitalization. If so, which State is it?

3. What private hospitals in the U. S. care for patients with organic nervous disorders such as Parkinson's Disease?

4. A midwestern State hospital is about to develop a strong physical therapy section and requests advice about administrative and functional policies, number and qualifications of the physical therapy staff, samples of record forms, general location of the department, floor plans, and any other helpful suggestions.

eral hospital does, although the relationship between visiting psychiatrists, staff physicians, and staff nurses presents difficulties at this stage.

The problems rise, principally, from trying to function with the outside staff as though it were part of the institutional staff, the hospital writes. Demands by the patients and relatives for special consideration (i.e. placing a disturbed patient with a non-disturbed group, refusal of relatives to recognize the illness of the patient) have been in a large part responsible for the difficulties.

The pressure upon the psychiatrists has been intense and they naturally tend to identify with the patient," the hospital writes. The fact that the wards are run as a unit and that seclusion rooms are seldom used adds to the problem.

Discussion of these problems has met with good response from both the visiting and hospital staff, however. Points of friction are being eased as viewpoints and general attitudes toward patients are interchanged.

DOCTOR-PATIENT RELATIONSHIP IN STATE HOSPITAL 1-6

FOR THE PAST TWO YEARS State Hospital South, Blackfoot, Idaho, has adopted the private hospital practice of maintaining the doctor-patient relationship during the entire period of hospitalization. On arrival a patient is assigned to a particular doctor who admits him, prescribes treatment, makes transfers to other services, and follows him after discharge. Administrative decisions, however, are made by the staff, so that a patient is granted discharge, parole, or visit with the unanimous approval of the medical staff. The procedure has received strong support from the doctors.

APA PROTESTS PERSONNEL CUT BACK IN V. A. HOSPITALS

The Council of the American Psychiatric Association on March 4 issued a public statement warning of "the disastrous results which will follow" a reduction of nearly 8,000 employees of the Veterans Administration, about 1,200 of them medical personnel in V. A. hospitals which care for psychiatric cases. The cut back is forced on the V. A. in order to keep within the budget that the President has recommended to Congress.

Noting that government procedure prevented the V. A. officials from telling Congressmen directly about the consequences of the cut back, the Council stated that the reduction would "result in immediate deterioration of medical care to veterans and discourage remaining personnel in performance of their duties. This kind of false economy always results in less effective treatment which ultimately means greater expense to the taxpayer. The American Psychiatric Association strongly maintains that unless this action is prevented medical care of nervous and mentally disabled veterans will deteriorate below accepted, adequate standards."

The Bulletin has ascertained the following facts which bear on the situation: Over 50,000, or approximately half, of all V. A. hospital beds now occupied are for NP patients. There are at present about 4,000 NP beds which remain unused for lack of personnel to staff them. Some 5,000 "emergency beds" are in use—on sun porches, in recreation halls, etc. At present V. A. Mental Hygiene Clinics can handle only 25% of veteran patients with service-connected disabilities, yet these clinics are being asked to reduce their staff by 12-13% under the present cut-back. At the same time V.A. is asked to staff new NP hospital beds within present personnel ceilings. Some months ago in an officially approved program analysis, the V. A. estimated it would need roughly 4,000 more medical personnel to maintain its present operation and staff new NP beds. (Many of them are in isolated areas away from medical centers.)

The cut-back order was issued on March 10, to be effected over the next 30 days. It is hoped that Congress may take action to prevent it in the meantime.

TYPHOID OUTBREAK NECESSITATES CHECK ON PREVENTIVE MEASURES

Typhoid fever has broken out in one mental hospital, according to newspaper reports. The occurrence of this disease, which has been practically eradicated by public health methods, is sufficient reason for all hospitals to examine their current preventive methods.

Dr. Ralph M. Chambers, Chief Inspector, A.P.A. Central Inspection Board, suggests the following check list:

1. Are new patients and employees examined to find carriers?
2. Have all patients and employees been immunized against typhoid?
3. Are food handlers examined routinely?
4. Are milk and water supplies under regular control?
5. Are dishes and other utensils used in serving food properly washed?
6. Are the kitchen, bakery, and other food preparing units sanitary?
7. Are toilet facilities kept sanitary?
8. Are garbage and waste disposal methods satisfactory?

EDITORIAL COMMENT • NEWS • NOTES OF GENERAL INTEREST

APA COMMITTEES: REVISED NOMENCLATURE PREPARED

Following up our roundup of A.P.A. Committee activities in the mental hospital field in the February *Bulletin*, we can report this month that the A.P.A. Committee on Nomenclature and Statistics under the Chairmanship of Dr. George N. Raines, has prepared a draft of a revised Nomenclature which it is about to send out to selected members and hospitals for comment. The revision contains not only nomenclature categories, but also definitions which will be made up into a manual similar to that now available from the National Committee for Mental Hygiene.

Hospitals receiving this revision are asked to discuss it with their staffs and to use it for two or three months in case histories to determine its workability. A questionnaire is being sent with the revision, but fuller comment with as much critical detail as possible will be appreciated so that the Committee can submit a final proposal to the A.P.A. Council this year.

The Committee is also turning its attention immediately to the problem of statistics, with particular reference to the proposal of Dr. Barton and others in their article "The Need for Uniform Discharge Statistics" mentioned in the February *Bulletin*.

The Bulletin is published monthly for subscribers to the A.P.A. Mental Hospital Service, American Psychiatric Association, 1624 Eye Street, N.W., Washington 6, D.C.

Subscribers may request further details about any item appearing in the *Bulletin*. A post card request with reference to the number of the item is sufficient.

All subscribers are urged to contribute items to the *Bulletin* about developments in their hospitals.

A.P.A. Officers: GEORGE S. STEVENSON, M.D., President; JOHN C. WHITEHORN, M.D., President-Elect; LEO H. BARTEMEIER, M.D., Secretary; HOWARD W. POTTER, M.D., Treasurer.

M.H.S. Consultants: WINFRED OVERHOLSER, M.D., (Chief Consultant); KENNETH E. APPEL, M.D., WALTER E. BARTON, M.D.; J. FREMONT BATEMAN, M.D.; C. CHARLES BURLINGAME, M.D.; ADDISON M. DUVAL, M.D.; SAMUEL W. HAMILTON, M.D.; GEORGE E. REED, M.D.; MESROP A. TARUMANZ, M.D.

M.H.S. Staff: DANIEL BLAIN, M.D., Director; ROBERT L. ROBINSON, M.A., Executive Associate; ANNE HUBBARD, A.B., Editorial Assistant; C. ALLEN HARPINE, ALICE D'AMORE, B.A. The Staff is assisted by RALPH M. CHAMBERS, M.D., Chief Inspector, A.P.A., Central Inspection Board, and AUSTIN DAVIES, Ph.B., A.P.A. Exec. Assistant.

M.H.S. Regional Representatives: Selected to represent different types of mental hospitals, institutions, and government services in all States and Canadian Provinces. List available on request.

STANDARDS COMMITTEE

Taking another step ahead in developing new standards for mental hospitals, the Committee on Psychiatric Hospital Standards and Policies this month assigned the following study areas to its members:

Standards for psychiatric departments of general hospitals, Drs. Harvey J. Tompkins and David A. Boyd, Jr.; standards for private mental hospitals, Drs. M. A. Tarumianz and George A. Elliott; standards for hospitals for feeble minded and epileptics, Dr. Malcolm J. Farrell; standards for special institutions for the aged (private and public), Drs. Boyd and Tompkins; administrative organizations for state mental health services, Dr. Harry J. Worthing; educational programs for patients in state hospitals, Dr. George E. Reed; volunteer workers in mental hospitals, Dr. Tarumianz; cost analysis for mental hospitals for budgetary use, Dr. Juul C. Nielsen; and standards for the care and treatment of criminal insane, Dr. Duval.

PRIVATE HOSPITAL PROBLEMS DISCUSSED IN CHICAGO

Opportunities and responsibilities of the private hospital in the community, financial and legal problems, the nursing and attendant problem, and the future of the private neuropsychiatric hospital were the major topics discussed at the March 3 meeting of the Central Neuropsychiatric Hospital Association at the Palmer House in Chicago.

Discussion leaders were Drs. Douglas A. Johnston, Cincinnati Sanitarium, Ohio; Arthur J. Schwenkenberg, Beverly Hills Sanitarium, Dallas, Texas; William C. Menninger and Lewis L. Robbins, Menninger Foundation, Topeka, Kan.; Rex Blankenship, Westbrook Sanitarium, Richmond, Va.; H. D. Allen, Allen's Home, Milledgeville, Ga.; G. Wilse Robinson, Neurological Hospital, Kansas City, Mo.; James M. Robbins, St. Mary's Hill Sanitarium, Milwaukee, Wis.; Harrison Evans, The Hardin Sanitarium, Worthing, Ohio; Dexter M. Bullard, Chestnut Lodge, Rockville, Md.; and F. Garm Norbury, The Norbury Sanitarium, Jacksonville, Ill.

VARIED USE OF VOLUNTEERS

Thirty-six hospitals indicated they were using upwards of 5,000 volunteers in a recent survey made by the Nursing Consultant of the A.P.A. Committee on Psychiatric Nursing. Specific volunteer activities cited included public relations, occupational and recreational therapy, providing community contacts, raising money, furnishing equipment, making draperies, slippers, and bed jackets, wrapping Xmas packages, assisting in library, secretarial and clerical help, patients' shopping service, running a clothing shop for needy patients, supplying artificial limbs, promoting scholarships for nurses, installation of public address system, and many others. One hospital stated it had a reservoir of 2,000 volunteers it could call on for help. About half of the volunteer organizations cited were Red Cross.

EDITORIAL

The comparatively new skills in recognizing and treating psychosomatic illnesses and the more effective treatment of long recognized psychoneuroses have been partly responsible for the present intense interest in psychiatry. Bringing psychiatry to the community—in private practice, in clinics, in traveling mental health units, on the wards of general hospitals, and in industrial medicine—is a healthy, if almost too vigorous, development.

The very success of these ventures, threatens to create problems in the mental hospital field. Not so long ago the mental hospital excited no enthusiasm because little specific or dramatic therapy could be offered. That day is past, but the excellent possibilities and accomplishments of mental hospital services are now being overlooked because they seem unimportant compared to new developments in extra-mural psychiatry. The significant fact, and the danger, is that this point of view is sometimes found in our own ranks.

Therefore, medical superintendents and others interested in better mental hospitals should present the facts for public and professional education whenever an opportunity offers. For example, we bear much about deplorable conditions in mental hospitals. Yet, considering the duration of illnesses of newly admitted cases, plus the inadequate finances, staffs, equipment, and even food, a remarkably fine job is being done. I stress this view because it has a direct bearing on the clinical "profits" that might be expected from early and adequate treatment of mental hospital case types.

The size of mental hospitals and the chronic custodial types making up the greater proportion of the patients must also be considered. We owe a debt of gratitude to the author who informed us that over half the hospital beds in the country are for psychiatric cases. But do we not overlook the fact that these large mental hospitals result only from the accumulation of incurable cases? This number of failures is not peculiar to psychiatry; it is impressive only because the cases are concentrated in one place where their life expectancy is increased. How big would general hospitals be if all uncured arthritic, bronchitic, and gastric patients were kept in a hospital for social reasons?

Finally, consider the results of neglecting mental hospitals in favor of the new applications of psychiatry. The fear of being admitted to a mental hospital is not going to disappear from the general public as quickly as community psychiatry is developing. Of necessity, a certain portion of clinic cases are going to be referred to mental hospitals. If mental hospital appointments are not modern and adequate, potential cases will avoid the community clinic. Hence, a poor mental hospital will be a handicap to all the modern clinics we wish to see established and thriving.

We might well say that in the over-all consideration of the sound development for our mental health services, we should give priority to mental hospital problems, although their importance will grow less demanding in the future.

GEORGE E. REED, M.D.

COMMENTARY

Books Pamphlets Reports Periodicals

The February Digest of Neurology and Psychiatry contains several abstracts of papers given at the Southern Psychiatric Association meeting last November. In one of them Dr. Frank A. Kay describes "Problems and Pleasures Connected with a Psychiatric Section of a General Hospital." One of the major problems, when the Section was getting started, was the readiness of physicians to assume responsibility for violent cases. "For a long time," the article states, "whenever a person started screaming in the hospital the immediate reaction was . . . 'transfer him to the 11th floor,' not realizing that the 11th floor was the quietest place in the hospital and with no thought as to what effect such screams would have on those who were already tense to the point of emotional collapse."

In the same issue, Dr. Edward F. Reaser's "Medical Psychology in the Mental Hospital" describes how the technics of the medical psychologist are used in a State Hospital with a patient population of 1,180—in examination and diagnostic testing, therapy, orienting patients, teaching, research, public relations, and in other ways.

The Medical and Surgical Service of the Public Welfare Department of Ill. (Dr. G. A. Wiltrakis, Deputy Director, 912 S. Wood St., Chicago 12) publishes periodically a useful annotated bibliography called "World Research in Alcoholism"—available free to mental hospitals on request.

M.H.S. has a few reprints available for the asking of "Medically Prescribed Exercises for Neuropsychiatric Patients" by Drs. A. B. C. Knudson and John E. Davis, being a detailed account of the corrective therapy program in the V.A. The article concludes that the V.A. program has proved its usefulness in the psychiatric field through its application to mental illness as a dynamic adjunct to psychotherapy, and that it has been of definite therapeutic value in its specialized application in catatonic patients and for postshock and postleukotomy conditions. The article appeared in the July 3, 1949 *Journal of the A.M.A.*.

Though published in 1947, "The Mental Hospital, A Guide for the Citizen," by Edith M. Stern, is called to subscribers' attention as a good layman's introduction to mental hospitals—how to act when visiting them, what to look for in way of facilities, staff, food, and care, and how to evaluate them. The booklet, published by the National Committee for Mental Hygiene (1790 Broadway, N. Y. C. 19) has an introduction by Dr. Samuel W. Hamilton.

A report on the "Connecticut Cooperative Lobotomy Project" has been published by the Joint Committee of State Mental Hospitals of Connecticut. The Lobotomy Committee which directed the 3-year study, was comprised of representatives from Connecticut, Fairfield, and Norwich State Hospitals, the Yale Psychiatric Clinic, and, for the first two years of the study, the Institute of Living. The report appraises the results of lobotomies in Connecticut Hospitals 1946-1949 in terms of benefits to patients and scientific contributions which have been an important by-product of the study. It outlines suggestions for future research and strongly recommends a follow up project to learn the needs and best technics in after care of lobotomy patients.

The January *Bulletin of the Menninger Clinic* contains a "Report of an Experiment in Psychiatric Aide Training" at Winter V.A. Hospital in Topeka. It points out areas wherein the program was of real value, and others where results were not so satisfying. An interesting outcome of it was that the aides became sufficiently interested in didactic psychiatry to purchase a library about it for their own use.

General hospital subscribers will be interested in what Dr. Charles B. Wilkinson has to say about "The Psychiatrist in the General Hospital Ward" in the February issue of *Diseases of the Nervous System*. Besides describing how psychiatrists may be used in the medical and surgical services, he presents three case histories to illustrate the need for psychotherapy in the general hospital.

The American Association on Mental Deficiency News, December-February issue, discusses "An Interesting Experiment at Lapeer" (Home and Training School in Michigan) where a special effort is being made to socialize patients being groomed for parole—e.g., by holding parties where these patients are made responsible for planning the entertainment, serving the refreshments, etc.

RECREATION

WOMEN USE MEN'S SHOP 19-6

NEW JERSEY STATE HOSPITAL at Trenton reports a year's successful experience in operating a former men's occupational therapy shop for women patients. Power tools, floor looms, and other large equipment provide an opportunity for the more strenuous activities such as wood work, metal work, and furniture refinishing. The hospital found that a sizeable number of women patients needed this type of activity and the response has been encouraging.

SWIMMING AS THERAPY 19-7

THE RELAXATION AND STIMULATION of swimming has been used therapeutically at the Institute of Living, Hartford, Conn. Both group and individual instruction in various strokes is given. Nearly 50 patients learned to swim in a few months' time.

All muscles coordinate in the sport, the physical education division of the hospital points out. Music is used at times in classes. Team sports and relay races have recently been introduced. Diving, life saving, synchronized swimming, and endurance testing are offered the more proficient swimmers.

EQUIPMENT

SECURITY BED

A COMFORTABLE, attractive, psychiatrically safe bed has completed over a year's satisfactory service in V. A. hospitals. Of simple design in sturdy steel construction, the bed has no sharp corners, manually removable parts, or apertures and fixed points to hold a noose. It is low enough so that a patient rolling from it will not sustain any injury.

The spring and frame assembly form one unit with lugs which fit into the slots on the head and footboards. The holes between the slots are marked with corresponding holes between the lugs on the assembly and through-and-through bolts inserted. These four bolts, together with four spanner head countersunk screws which hold the four hardwood floor skids in place, constitute the only removable hardware.

Extension nuts, which must be tightened by a spanner, lie toward the center of the bed, while the socket forming the head of the bolt is directed away from it. The smoothly burnished head affords no finger traction. A hexagonal bar must be fitted into the bolt socket while tightening or loosening the expansion nut. Two tools are needed for assembling and taking down the bed.

The spring is made of long strands of serpentine wire encircled by steel clips. Springs are attached to the cross pieces so that no rough ends of wire are exposed.

The spring is 18 inches from the floor and the tubular side rail 13 inches. They are far enough apart so that anyone sitting on the edge of the bed will not be pinched. Head and footboards, which are identical in design, do not come up higher than the mattress.

The security bed is manufactured by two New York City firms, Simmons Company, 1 Park Avenue, and Frank A. Hall and Sons, 120 Baxter Street. The cost is about \$35.

PORTABLE DENTAL UNIT 20-4

A PORTABLE DENTAL UNIT for use on bed patients in the infirmary and tuberculosis wards has been developed at State Hospital, Number 3, Nevada, Missouri. The apparatus enables the dentist to do almost any of the work he normally performs in his office.

The dental unit consists of a small cabinet on wheels with several drawers for instruments and materials. An electrical drill unit similar to the one used in the dental office is mounted on top. The apparatus can be wheeled anywhere; it is simply plugged into an electric socket and grounded to a radiator to be ready for use.

PERSONNEL

PERSONNEL OFFICERS 9-8

THE PENNSYLVANIA DEPARTMENT OF WELFARE has authorized its larger mental hospitals to create the position of personnel officer. The new appointees will not serve merely as employment officers, but will also deal largely with adjustment and improvement of employee relationships, promotion of morale and more efficient service, and other personnel problems.